FACILITY	ID#
	117#

PETROLEUM STORAGE TANK FUND APPLICATION

OWNER OF			LOCATION OF TANKS					
Owner Name			Facility Name					
Address				Address ———				
City —			-	City				
County				County				
State Zip Code					ate Zip Code			
Contact Perso	on			Contact Perso	on			
Non-mai	r, or non-marketer rketer with facility	with facility aver average monthly	throughput les	s than 10,000 g				
Tank #		dround Ston	AGETAINS	, 				
Install Date								
Capacity						<u> </u>		
Substance Sto	ored							
1	<u>, </u>		•	<u> </u>	1			
	E TIGHTNESS T	EST	<u> </u>		1			
Tank #								
Pass/Fail								
Are your US	Ts currently in con	REGULATIONS mpliance with all lase describe items	Federal, State, a		regulations?			
	POLLUTION IN on incident ever o If "Yes" plea Pollution Incident	ccurred at your fac se provide LUST		nderground Sto	orage Tank) in	nformation on the <i>Previous</i>		
[] No	If "No" please attach a letter or complete the <i>Previous Pollution Incidents</i> form to state that under customary business inventory practices standards you are not aware of any release from any tank(s) at this facility.							
[] I have me [] Self Insu		ponsibility require [] Commercial	Insurance	[]7	Trust Fund	by the following method:		
I certify unde	er penalty of law th	hat the above repr	esentations ma	de by me are tr	ue and correct.			
		-		_				
Owner/Opera	ator Signature			D	ate signed	02/03		